



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named
Inventor : William T. Anderson

Appln. No.: 10/631,905

Filed : July 31, 2003

For : CAPACITIVE SENSOR FOR
DETECTING THE THICKNESS OR
APPLICATION OF AN AUTOMOBILE
BRAKE PAD

Docket No.: R11.12-0780

Group Art Unit:

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS BEING
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PATENT ATTORNEY

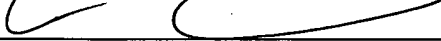
Sir:

The Supplemental Application Data Sheet, filed herewith, is being provided to correct an inconsistency in the claim to priority to prior provisional application 60/400,368. Applicant's utility application and signed declaration correctly listed the priority information. However, the Application Data Sheet that accompanied the application when filed on July 31, 2003, did not list the correct United States priority information. It is believed that this Supplemental Application Data Sheet is all that is required to correct this inconsistency.

Any questions regarding this paper may be directed to the undersigned attorney at 612-330-0489.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

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CRC:sew



Supplemental Application Data Sheet

Application Information

Application number:: 10/631,905
Filing Date:: 07/31/03
Application Type:: Regular
Subject Matter:: Utility
Title:: CAPACITIVE SENSOR FOR DETECTING
THE THICKNESS OR APPLICATION OF
AN AUTOMOBILE BRAKE PAD

Attorney Docket Number:: R11.12-0780
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 3
Small Entity?:: No
Petition included?:: No
Petition Type::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Given Name:: William T.
Family Name:: Anderson
Name Suffix::
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State or Province of Residence:: MN
Country of Residence:: US
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Provisional of	60/400,368	07/31/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name:: Rosemount Inc.
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City of mailing address:: Eden Prairie
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55344